Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |   |                  | SMALL ENTITY TYPE   |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|---------------------------------------|---|------------------|---------------------|------------------------|----|----------------------------|------------------------|
| FO  | R  | NUMBE                                     | NUMBER FILED                          |   | NUMBER EXTRA     |                     | FEE                    |    | RATE                       | FEE                    |
| BAS   | SIC FEE  |   |                                       |   |                  |                     | 345.00                 | OR |                            | 690.00                 |
| то  | TAL CLAIMS                                     | 79  | 7.j minus 20=                         |   | 7                | X\$ 9=              | ·                      | OR | X\$18=                     | 1062                   |
|   | EPENDENT CL                                    | <u></u>                                   | 12 minus 3 =                          |   | . 9              |                     |                        | OR | X78=                       | 702                    |
| MUI   | TIPLE DEPEN                                    | DENT CLAIM PF                             | RESENT                                |   |                  | +130=               |                        | OR | +260=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                                       |   |                  |                     |                        | OR | TOTAL                      | 2454                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |                                       |   |                  |                     | ENTITY                 | OR | OTHER<br>SMALL I           |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus                                 | **  | =                | X\$ 9=              |                        | OR | X\$18=                     |                        |
|   | Independent                                    | •   | Minus                                 | ***   | =                | X39=                |                        | OR | X78=                       |                        |
|   | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEPE                          | NDENT CLAIM                                 |                  | +130=               |                        | OR | +260=                      |                        |
|   |  |   |                                       |   |                  | TOTAL<br>ADDIT: FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                | · · · · · · · · · · · · · · · · · · · | (Column 2) HIGHEST                          | (Column 3)       |                     | 1                      | 1  |                            | ADDI-                  |
| AMENDMENT B   | ,  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | TIONAL<br>FEE          |
|   | Total  | •   | Minus                                 | **  | =                | X\$ 9=              |                        | OR | X\$18=                     |                        |
|   | Independent                                    |   | Minus                                 | ***   | =                | X39=                |                        | OR | X78=                       |                        |
|   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEP                           | ENDENT CLAIR                                | Л                | +130=               |                        | OR | +260=                      |                        |
|   |  |   |                                       |   |                  | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                |                                       | (Column 2)                                  | (Column 3)       |                     |                        |    |                            |                        |
| AMENDMENT C   | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus                                 | ••  | =                | X\$ 9=              |                        | OR | X\$18=                     |                        |
|   | Independent                                    | •   | Minus                                 |   | =                | X39=                |                        | OR | X78=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |   |                  | +130=               |                        | OR | 000                        |                        |
| .   | If the entry in colu                           | umn 1 is less than                        | the entry in colum                    | nn 2, write "0" in o                        | column 3.        | TOTA                |                        | OR | TOTA                       |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |   |                  |                     |                        |    |                            |                        |